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ABSTRACT

In the United States, depression rates of 12-20 percent have been reported in toddlers' mothers. Depressed mothers provide their children with less appropriate structure, guidance, and rule enforcement than non-depressed mothers. This research explored the relationships among the following variables: toddlers' behavioral difficulties, mothers' depression, mothers' self-efficacy, and mothers' social support. Fifty-two subjects (26 Latina mothers and their toddlers) were assessed two times, 3 months apart. The results of the first assessment were used as independent variables, while the results on the second assessment were used as the dependent variables (a longitudinal panel-analysis model was used). Twelve hypotheses were tested through 4 regression equations. These 12 hypotheses included all the possible relationships among the variables. Results showed that the mothers' social supports predicted their depression level. Conversely, depression did not predict the mothers' social support. The findings emphasize that a mother's social environment is a powerful variable influencing the well being of mothers and toddlers. The social context in which Latina mothers find themselves plays an important role in both their well-being and in the behavior of their toddlers. Contains 40 references. (RJM)

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LATINA MOTHERS AND THEIR TODDLERS' BEHAVIORAL DIFFICULTIES[1]

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ABSTRACT

This research explored the relationships among the following variables: toddlers' behavioral difficulties, mothers' depression, mothers' self-efficacy, and mothers' social support. Twenty six mothers and their 26 toddlers were assessed at two times, three months apart. The results of the first assessment were used as independent variables, while the results on the second assessment were used as the dependent variables, in a longitudinal panel-analysis model. Twelve hypotheses were tested through four regression equations. These 12 hypotheses are inclusive of all the possible relationships among the variables. It was found that mothers' social supports predicted mothers' depression level, while depression did not predict mothers' social support. Mothers' social support was shown to be an important variable for the well-being of Latino mothers and toddlers.

Latina Mothers and Their Toddlers' Behavioral Difficulties

The goal of this research project was to explore the relationships among the following variables: toddlers' behavioral difficulties, mothers' depression, mothers' supportive interpersonal relationships, and mothers' self-efficacy in the parenting role.

In the United States depression rates of 12-20% have been reported in toddlers' mothers. Garrison and Earls (1986) report that in lower socio-economic status groups an estimated 33-36% of the mothers with toddlers were currently depressed. No statistics are yet available on frequency or level of depression for Latina mothers with toddlers. However, it can be hypothesized that depression levels are even higher for Latina mothers with toddlers than for the English speaking population, since the economic deprivations and stresses that the Latino population is often subject to are higher than among most English speaking samples.

Depressed mothers provide their children with less appropriate structure, guidance, and rule enforcement than do other mothers (Goodman & Brumley, 1990). Dyadic exchanges between depressed mothers and their children frequently lack the sensitive reciprocity, synchronicity, and expressions of pleasure that are often found in nondepressed mother-child pairs (Grunebaum, 1984). Furthermore, Ghodsian, Zajicek and Wolkind (1984) found that some depressed mothers are highly

punitive toward their infants. Mothers' subsequent guilt and remorse about their harshness may add to their depression.

The Children of such depressed parents are known to be at risk for physical, cognitive, and social-emotional problems, including depression (Beardslee, Bemporad, Keller & Klermann, 1983; Weisman, Prusoff, Gammon, Merikangas, Leckerman, & Kidd, 1984). Beardslee et al. (1983) estimated that having a depressed parent increases by three times the likelihood that the child will have a psychological disorder. Tronick (1986) found that many depressed mothers fail to respond to their child's interaction signals. This results in poorly coordinated interactions, causing the child to experience negative affect. The child may attempt to repair the interactions, but with each failure, the child turns to more self-directed behaviors. Eventually, the child may develop a representation of the self as ineffective and the mother as unreliable. Once these representations are established the child utilizes them to guide her/his interactions with others.

On the other hand, the impact of children's behavior on parents' depression has not been systematically investigated. There is some evidence, however, to indicate that children's difficult behavior contributes to the continuation of maternal depression. There is evidence of a reciprocal relationship between maternal depression and

child maladjustment. Cutrona and Troutman (1986) found that infants' difficult behavior increased mothers' depression level. Second, a decline in mothers' depression level was found to parallel a successful treatment of their children's behavioral problems (Forehand, Wells, & Griest, 1980; Patterson, 1982). Third, parents of less disturbed children are more likely to recover from their depression within a year, whereas parents of more disturbed children recover after a longer period of time (Billing & Moss, 1985). For these three reasons Downey and Coyne (1990) conclude that a comprehensive model of the interpersonal context of depression must incorporate children's behavior.

Many researchers have commented on depressed mothers' pessimistic perceptions of their child and themselves. According to the cognitive theories of depression (Beck, 1967; Seligman & Peterson 1986), a major feature of depressive cognition is a generalized negative attitude toward oneself and others. Such defeatist thinking hampers mothers' ability to take care effectively of their infants and/or children. As a result of these negative expectations, many depressed mothers may have low parenting self-efficacy.

Numerous authors (e.g., Billing and Moss, 1985) report that depressed mothers have a reduced social support network. Kaplan (1991) based on Miller's (1976, 1991) theory explains that women define themselves in relational terms

and a failure to relate with others may lead to a depressive state. However, no causal links have yet been established between maternal depression and social supports. Furthermore, only a few studies have been done investigating social support networks in the Latino community. Recent cross-sectional studies have shown that many Latina women lack effective social supports (Vega, Kolody & Valle; 1986). This is especially true for: immigrant or less acculturated mothers (Griffith & Villavicencia, 1985); single Latina mothers (Wagner, 1988); and lower socio-economic Latina mothers (Griffith & Villavicencia, 1985).

Crockenberg (1980) explains that, when the infant is difficult in handling, it is the social support received by the mother that appears to be critical to the development of a bonding relationship between mother and child. Crockenberg (1987) also found that mothers who experienced both rejection during their childhood and little support from a partner after birth, were likely to exhibit angry and punitive parenting. These mothers had children who were angry and noncompliant and who distanced themselves from their mothers. Hence, if mothers have more social support the child could have less problematic behaviors.

Simultaneously, it can be hypothesized that toddlers' difficult behavior can decrease mothers' social support. Mothers of difficult children may have to reduce their

social interactions and use much of their time taking care of their over-demanding children. Mothers may also reduce their social interactions because they feel embarrassed by the behavior of their children. This hypothesis is consistent with the social developmentalists (e.g., Crockenberg, 1987) who have suggested that children's development is not determined solely by the environment which parents create for them, but rather by the interaction between the environment and their behavior.

Cutrona and Troutman (1986) found that social support exerts a protective influence that enables mothers to perceive themselves as efficacious parents. Bandura (1977) defined self-efficacy as the conviction that the individual can successfully execute the behavior required to produce a desired outcome. Self-efficacy research began with a domain-specific assumption; that is, that the individual is self-efficacious in one area but not necessarily in others.

Bandura (1977) listed four sources of self-efficacy: vicarious learning, verbal persuasion, performance attainments and physiological states. Performance attainment can be translated in this research to mean how efficacious does the mother believe herself to have been already. An important source for this belief is the toddler's behavior. It can be assumed that, if the toddler's behavior is not perceived as adequate, this will reduce the parent's sense

of self-efficacy.

Competent child care requires confidence in the parent's own ability to meet appropriately the child's needs and engage the child in interactive behavior. An effective care giver creates an environment supportive of the child's development. The construct of self-efficacy, then, helps to understand how parenting skills develop and affect the child's behavior (Cutrona & Troutman, 1986; Donavan & Leavit, 1989; Donavan, Leavit & Walsh, 1990).

Twelve hypotheses were formulated. These twelve hypotheses are an inclusive list of all possible relationships among the variables of this research. These hypotheses are:

1) Mothers' depression level at time one will be significantly and positively related to their toddlers' behavioral difficulties at time two.

2) Maternal self-efficacy at time one will be negatively and significantly related to their toddlers' behavioral difficulties at time two.

3) Mothers' social supports at time one will be negatively and significantly related to their toddler's behavioral difficulties at time two.

4) Toddlers' difficult behavior at time one will be positively and significantly related to their mothers' depression level at time two.

5) Maternal efficacy at time one will be negatively and significantly related to their depression level at time two.

6) Mothers' social supports at time one will be negatively and significantly related to their depression level at time two.

7) Toddlers' difficult behavior at time one will be negatively and significantly related to their mothers' maternal efficacy at time two.

8) Mothers' depression level at time one will be negatively and significantly related to their maternal efficacy on time two.

9) Mothers' social supports at time one will be positively and significantly related to their maternal efficacy at time two.

10) Toddlers' difficult behavior at time one will be negatively and significantly related to their mothers' social supports at time two.

11) Mothers' depression level at time one will be negatively and significantly related to their social supports at time two.

12) Maternal efficacy at time one will be positively and significantly related to their social supports at time two.

Method

Subjects

A total of 26 toddlers, between the ages of 2 and 5, of both sexes, who were attending a behavioral group in a community mental health center in eastern Massachusetts and their respective Latina mothers were selected to participate in this research if they met the following requirements:.

1) The toddlers' mothers spoke Spanish as their first language.

2) Only Latina mothers who were not grandmothers and were between the ages of seventeen and thirty-six were accepted to participate in this study.

3) No more than one sibling from each family could participate in the study.

4) Only low SES families were included in this study.

The total sample of this research project consisted of 52 individuals: 26 Latina mothers and 26 toddlers. Thirty mothers who met all the specified requirements were included in the sample. Out of these 30, two refused to cooperate, giving religious reasons. Two mothers moved out of town after the first interview. It was impossible to contact these mothers. Consequently, the sample was reduced to 26 mothers and 26 toddlers.

The average age of the mothers at the time of the first interview was 26 years and seven months. The youngest mother

was 21 years old and the oldest was 36 years of age. Twenty one mothers (80.7%), were recipients of Aid for Families with Dependent Children (AFDC) during the time of the study. Four mothers were working, two of them full time. The average income for the 26 mothers was $861.88 per month (without including housing benefits). In nine cases there were also fathers living with their children. Only one mother had a single child; one mother had six children. Mothers in this sample had an average of 2.8 children. The mode was three children.

Twenty six toddlers were observed and rated by their counselors. The average age of these children was two years and ten months during the first behavioral observation and three years and one month during the second behavioral observation. Eleven (42.3%) were males and 15, (57.6%) were females.

Measurements

The Norbeck Social Support Network Scale (Norbeck, Lindsey & Carrieri, 1981, 1983) was used to measure social support of the Latina mothers. This scale measures three main variables related to social support according to Kahn's (1979) definition: total functional support (emotional, tangible support), total network (number in network, duration of relationships, and frequency of contact), and total recent losses (number of categories of persons lost

and amount of loss of support).

The Norbeck Social Support Questionnaire has test-retest reliability coefficients for the subscales ranging from 0.85 to 0.92. Internal consistency coefficients were 0.88 or above for each of the functional and network properties. Moderate levels of concurrent validity and predictive validity have been demonstrated (Norbeck, Lindsey & Carrieri, 1983)

The CES-D screening instrument was selected because it has been widely used to measure depression with different ethnic populations, including Mexicans and Puerto Ricans (Masten, 1986). This checklist is a twenty item screening instrument that covers moods as well as cognitive and physiological processes associated with depression. CES-D validity and reliability have been found with different Spanish speaking groups (Roberts, 1980, Masten, 1986). Each item is scored from zero to three; therefore the range is from zero to sixty. Higher scores indicate greater or more persistent symptomatology. A score of sixteen or more is usually indicative of a major depression. (Radloff, 1977).

The Maternal Efficacy Questionnaire developed by Teti and Gelfand (1991), was used to measure how competent mothers were feeling about being parents. This scale has ten items that were slightly adapted to the developmental age of the toddlers, since Teti and Gelfand developed this scale

for infants. Items were rated by mothers on a four point scale, from not good at all, which was scored as one, to very good which was scored as four.

The Preschool Behavioral Checklist developed by McGuire and Richman (1986) was selected for this study for it is useful when used with children between 2-5 years old. It measures behaviors that appear in every culture. Laosa (1989) explains that each culture evaluates social behaviors in a different manner. To avoid the problem of having the toddlers' behavior evaluated by a different set of cultural norms other than their own, the Latino toddlers were rated by bilingual, bicultural evaluators.

McGuire and Richman (1986) found that the Preschool Behavioral Checklist has an internal consistency coefficient using the Spearman-Brown split half (odd-even) formula of 0.83. Cronbach's alpha gave a similar result of 0.83. The inter-rater reliability coefficient was $r = 0.68 (p < .001)$. Mcguire and Richman (1986) found the convergent and discriminant validity of their checklist to be acceptable. After Factor analysis was completed, three factors were found by McGuire and Richman (1986). The first factor incorporates conduct/restlessness/aggression. Factor two is defined by social isolation. Factor three is defined by an emotional/miserable scale.

Procedure

Norbeck's Social Support Questionnaire (1981) and Teti's and Gelfand's (1991) Maternal Efficacy Questionnaire were translated by two independent bilingual psychologist. After Spanish translations were completed the instruments were re-translated by a third bilingual psychologist to English. The English translations were similar to the original questionnaires; therefore, we concluded that the scales were translated successfully into Spanish.

The children were evaluated by two bilingual-bicultural graduate professionals who had been working for over a month with the toddlers in a behavioral group. Based on their observations, they answered the questions of the Preschool Behavioral Checklist standardized by McGuire and Richman (1986). The two bilingual-bicultural professionals had no knowledge of how the toddlers' mothers responded to the Social Support, Depression or the Maternal Efficacy questionnaires. An index of internal consistency was obtained for the total score of the Mcguire and Richman Preschool Behavioral Checklist. Inter-rater reliability for the two evaluators was calculated.

After three months the Norbeck's Social Support Questionnaire, Teti and Gelfand's Maternal Self-Efficacy questionnaire and the CES-D were administered to the same Latina mothers. The toddlers were re-evaluated by the two

bilingual bicultural graduate professionals using the Preschool behavioral Checklist used by McGuire and Richman. The scores used for the toddlers preschool behavioral checklist were an average score of the evaluations done by the two bilingual professionals.

Results

A positive and significant inter-observer reliability coefficient of r=.79 (p < .001) at time one was found between the two bilingual psychologists using the McGuire & Richman Behavioral Checklist. An inter-observer coefficient of r=.70 (p < .001) was obtained for the same behavioral checklist at time two. These coefficients are slightly higher than the ones reported by Mcguire and Richman (1986) and indicate that the checklist was reliable in rating these toddlers.

A significant and positive Pearson correlation coefficient of r=0.48 (p < 0.05) was obtained between the behavioral difficulties of the toddlers at time one, as reported by the bilingual observers, and mothers' perception of their toddlers' behavioral difficulties, at time one. Similarly, a significant and positive correlation coefficient of r=0.44 (p < 0.05) was obtained for mothers' perception of their toddlers' behavioral difficulties and the behavioral checklist completed by bilingual evaluators

at time two. These results support the validity of Mcguire and Richman's behavioral checklist.

The independent variables in this study were: the first administration of Norbeck's social support questionnaire, mothers' responses to Teti and Gelfand's maternal self-efficacy scale and the CES-D, and for the toddlers, the answers to the preschool behavioral checklist by the two bilingual, bicultural psychologists. The dependent variables in this study were the same variables at time two.

The data were analyzed using multiple regression equations. The standardized beta coefficient was used to estimate the direct effect of the independent variables upon the dependent variable while partialling out the shared variance with other independent variables in the regression equation. Each of the four dependent variables at time two, hypothesized to be affected by other variables, was regressed on the four independent variables at time one. Four multiple regression analyses were examined, one for each of the dependent variables. The following independent variables at time one were used in the four regression analyses: Toddlers' difficult behavior, mothers' depression level, mothers' social support and mothers self-efficacy.

In the multiple regression equation for toddlers' behavioral difficulties at time two, a Multiple R of 0.52 was obtained. The R square of this multiple regression

equation was 0.27.

None of the three hypothesis that used toddlers' difficult behavior at time one as dependent variable were significant. Table 1 summarizes these results. There was, however, a positive and significant Pearson correlation coefficient of 0.50 ($p < 0.01$) for toddlers' difficult behavior at time one and at time two. A beta coefficient of 0.53 ($p < 0.02$) was also significant. The two coefficients indicate that there is a linear relationship between toddlers' difficult behavior at time one and at time two. This high correlation coefficient accounts for most of the variance explained by the multiple regression.

The second multiple regression analysis had as dependent variable mothers' depression level at time two. In this analysis a multiple R of .47 and an R square of .22 were obtained.

Insert Table 1 about here

There was no evidence that supports a relationship between mothers depression level at time two and toddlers' difficult behavior at time one or maternal efficacy at time one (see Table 1). However, there was evidence to support a significant relationship between mothers' depression level

at time two and their perceived social support at time one. A significant negative Pearson correlation coefficient of r=-.46 ($p < 0.05$) was found. The beta coefficient of the regression equation was also significant; this coefficient was -.51 ($p < .05$). Also, there was a non significant Pearson correlation coefficient of r= .19 between mothers' depression level at time one and time two.

A third multiple regression equation used mothers' self-efficacy at time two as dependent variable. A multiple R of .50 was yielded. The R Square of this regression equation was of 0.25. There was no evidence to support a significant relationship between maternal efficacy at time two and toddlers' difficult behavior at time one, mothers' depression level at time one or mothers' social support at time one. Also a non significant correlation coefficient of r =.36 was found between mothers' self-efficacy at time one and at time two.

A fourth multiple regression equation was completed using mothers' social support at time two as dependent variable. A multiple R of .69 and a R square of .48. were obtained for this equation.

There was no evidence to support a significant relationship between social support at time two and toddlers' difficult behavior or maternal efficacy at time one. Regarding the relationship between social support at

time two and mothers' depression level at time one (hypothesis eleven) a significant and negative Pearson correlation coefficient of r =-.44 (p < .05) and a nonsignificant beta coefficient of .19 was found. The lower and not significant beta coefficient suggests that the Pearson correlation is inflated by factors other than mothers' depression level at time one.

There was a significant Pearson correlation coefficient of r = 0.67 (p < .01) and a significant beta coefficient of 0.59 (p < .01) between mothers' social supports at time one and mothers' social supports at time two. These coefficients indicate a linear relationship between mothers social support at time one and at time two.

Discussion

Mothers' depression level at time one was not significantly related to their toddlers' behavioral difficulties at time two. The results herein obtained do not support the literature that relates mothers' depression and toddlers' difficult behavior (Beardslee, et al. 1983; Tronick, 1986; Teti & Gelfand, 1990).

Several possible factors might explain the lack of a significant correlation between mothers' depression level and their toddlers' difficult behavior. The first is that a small and homogeneous sample was used. The small number of

subjects used in this sample limits its statistical power and increases the chances of Type Two error.

Secondly, the CES-D was not a reliable instrument for these Latina mothers as assessed by test-retest consistency. This lack of reliability may have reduced its correlation with toddlers' behavior. A small Pearson correlation coefficient of $\underline{r}$ =.19 was obtained between the CES-D scores at time one and time two. It is possible, then, that the mothers' changes in mood had a particular effect on toddlers' behavioral difficulties. It would be interesting to compare how toddlers' difficult behavior would appear, depending upon mothers' degree of fluctuation on their depression score.

Numerous studies (e.g., Gaensbauer et al, 1984; Sameroff, et al. 1984) found that children of depressed parents develop behavioral problems before they are two years old (Tronick 1986). It is possible that the high levels of depression found in the Latina mothers were also present during the first months and years of the infant's life. This depressive mood could have caused the toddlers to develop the behavioral difficulties reported in this study (see Table 2).

Insert Table 2 about here

Ritchers (1987) explains that the process of linking parents' depression and children's behavioral difficulty is quite complex. Numerous factors are involved in this relationship. This points out the need for caution in how the connection between the problems of these children and their parents is drawn. It stimulates, as well, numerous questions, such as: what are the specific parental behaviors that induce toddlers to behave in a certain manner? What are the infants' temperamental characteristics that make them more prone to act in a problematic manner?

A third important finding indicates that these low SES, Latina mothers with 2-5 year old children show high depression levels (Radloff, 1977). The high depression level of these mothers may be indicative of the numerous difficulties that bilingual and bicultural mothers have in adjusting to strenuous developmental, cultural, social and economic demands. However, since a small and non representative sample was used, particularly in view of the fact that all mothers in this sample had sought therapy, the generalizability of these results is limited.

A significant relationship between toddlers' difficult behavior at time one and time two was found. This relationship indicates that the most significant predictor of toddlers' difficult behavior was the previous behavior of the toddler, independent of mothers' depression level,

mothers' social supports and mothers' self-efficacy.

As Monroe and Johnson (1993) explain, it is not enough to state that mothers are depressed, using the CES-D alone, as was done in this study. Depression is a multifaceted phenomenon that encompasses many particular behaviors, feelings and cognitions. It is necessary to describe specifically the different behaviors that characterize mothers' depression and then describe how these factors affect the child's behavior. Only employing this methodology can causality be tested. Further, depressed mothers could also present other psychological problems, which could be contaminating the results herein obtained. It is also clear that a multitude of variables affect toddlers' behavioral difficulties. Hence, researchers and clinicians should be sensitive to the pitfalls of laying too much responsibility on the alleged shortcomings of depressed mothers.

Data from this study supported the hypothesis that mothers' social supports at time one would be negatively related to their depression level at time two. A significant and negative Pearson correlation coefficient of $r = -.46$ ($p < 0.05$) was obtained and a significant beta coefficient of $-.51$ ($p < 0.03$) was found. These findings suggest that mothers' social supports were affecting their depression level. Specifically, if mothers have more social support, they become less depressed. This study allows us to infer

with some empirical ground that Latina mothers' social supports affect their depression level, not that their depression level affects their social support.

These findings are consistent with Downey and Coyne's (1990), Miller's, (1976, 1991) and Kaplan's (1991) theories in which depression is understood as a contextual and interpersonal disorder, rather than as an individual phenomenon (Freud, 1917/1958, Beck, 1967). Depression for these Latina mothers seems to be imbedded within their social context. If their environment was rich with satisfactory social relations, they came to feel less depressed. These results have direct clinical implications. They suggest that, if mothers are taught how to socialize effectively and obtain effective social support, then their depression level may decrease.

The results show that none of the four independent variables at time one relate in a linear manner with self-efficacy at time two. This finding contradicts Cutrona and Troutman's (1986), and Donovan's et al. (1990) studies. Perhaps this contradiction can be partially explained by the properties of the Teti and Gelfand questionnaire, for which a non significant test-retest correlation coefficient was found. It may not be a reliable scale when employed with Latina mothers, or perhaps the low correlations could be reflecting how variable maternal self-efficacy was over a

period of three months.

Utilizing mothers' social support at time two as a dependent variable, and using the four variables at time one as independent variables, significant correlations were found only between mothers' social support at time one and time two. This high coefficient indicates that Norbeck's Social Support Questionnaire is a reliable instrument, when used with Latina mothers and also that their social support tended to be stable through time.

The findings of this study point out that mothers' social environment is a powerful variable influencing the well being of mothers and toddlers. Mothers' depression is partially a result of a lack of sufficient social support. The social context in which Latina mothers live plays an important role in their well being and possibly indirectly in their toddlers' behavior. Perhaps, it is the lack of sufficient maternal social support in the early months and first couple of years of the infants' lives that fosters children's behavioral difficulties, rather than or in conjunction with mothers' depression level. Unfortunately, this hypothesis has not yet been explored.

This hypothesis should be tested in further causal studies. It has an extraordinary importance for clinical practice, as well as for social interventions. The need to encourage new mothers to seek and establish effective social

supports can not be overstated. Social supports are an active ingredient in low SES Latina mothers' well-being or lack thereof. This factor affects their own well being and perhaps indirectly their toddlers' behavior too.

Table 1

Beta Coefficients of all Variables on Time one and Time two

Time one / Time two	Toddler Diffic. Behavior	Mother Depres. Level	Mother Self-effic.	Mother Social support
Toddler Diffic.	.53**	-.04	.09	.15
Mother Depres.	.10	-.04	.01	-.51**
Mother Self-ef.	-.13	.26	.32	.41
Mother Social Support	.01	-.19	-.03	.59**

Table 2

Means and Standard Deviation of all Variables at Time one and Time Two

	Time one		Time two	
	M	SD	M	SD
Toddlers' Behavioral Difficulties	11.5	.7	8.7	5.1
Mothers' Depression	20.6	11.2	18.2	8.7
Mothers' Self-efficacy	31.6	2.8	31.5	2.5
Mothers' Social Support	263.3	170.4	241.9	132.4

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